

Operations Attachment – ACDSNB Accident Register Belton, South Carolina HWY20FH001

(30 pages)

Mail FR-10 to: SC Department of Motor Vehicles Office of Financial Responsibility (803) 896-5000 PO Box 1498, Blythewood, SC 29016	NOTICE O	(REV. 11/2011) F REQUIREMENT	Z.,	Submit Electronically, Agents or Company Representatives can submit your insurance Information at WWW.SG-ALIR.COM 5
Date Time of County 1- Interstate 4- Secondary Collision Collision 3- SC Primary 6- PP	Collision Location (Rt. # / No.	ame) Q-Main L 2-Alterna 5-Spur	in 6-Connection Mile ale 7-Business	es: Dir. In I Near City or Tewn of:
To Vehicle Owner/ Operator Failure to return this form collision could result in the to South Carolina Code of	to the Department of ne suspension of you	Motor Veh r driver lice	icles within 1	5 days from the date of the stration privileges pursµant, જ -બાલ ઉપ ક્યાન
J-047548 Driver/Pedestrian's Full Name	e	J-047	549 Driver/Ped	lestrian's Full Name near, Kotharke Marie
Unit# Sex Race Street		Unit# Sex_ Raci	e S <u>treet</u>	TRAD, WALLEST FORE
		#Occ Birth Date	City State & Zin	
State Driver's License # Class Insurar	nce Company: S	State Dr <u>iver's Lic</u>	cense# C	lass Insurance Company: Account with
		Sar Body V	/ehicle Make IVIN	#
NOW State Year License Plate # Owners D.L.#	100 1200 AC11216	tate Year L	CORD 1	FAP P58251A247690
SC 2519 1 1 1 1 1 1 1 1 1		SC REPA	PG 18507	I NA
Home Telephone Owner's Full Name '		ome Telephone	Owner's Full N	iame in Conty Dsms
Bus. Telephone Street	B.	us. Telephone) VA	Street	
Contributed To Collision City, State, & Zip	- 20670		City, State, & Z	10 SC 22625
		162	190 195,327,63	yr, st grady
J-047550 Driver/Pedestrian's Full Name	St	ate Year Li	icense Plate #	Owner's D.L. #
Unit Sex Race Street	Ho	ome Telephone	Owner's Full Na	ame
#Occ Birth Date City, State, & Zip	Bu	us Telephone	Street	
	ce Company:	Contributed To Coll	lision City, State, & Zi	ĵp
Year Body Vehicle Make VIN #	Ai		No Insurance information	for Unit# '7_
	Co	ompany Name	***************************************	Area Code/Phone Number
All Units Insurance Info (to be completed by Investigating	MAG	jency name	IPO	olicy Number
Automobile liability insurance information for Unit #	Au	American Sinutomobile liability in	nsurance information	for Unit #
Progressive. 180	Code/Phone Number Co	ompany Name		Area Code/Phone Number
Agency Name Policy Number	Ag	ency Name	Po	olicy Number
	omobile Liability Ins	surance Inf	formation	
Notice of Requirement Accepted	Signature			Y N Refused to Affix Signature?
To Be Completed Below or Entered at WWW.SC-ALIR.CO This form should not be mailed to DMV if insurance inform	nation has been submitted electron	nically. belief	as a representative of	Y N Vehicle Subject to Registration in SC? d herein is based solely upon my knowledge and the above insurance company and no warranty of cove mentioned insurance as I have listed herein
above was insured by the below stated Insurance compa				
Insurance Company Policy #		Signati	ure	Title
Beginning Date Policy He	older .	NAIC#	(Assigned by S.C. Dept. o	(Ins.) Bus. Telephone
Notice: If liability insurance was not in effective suspend your driver license and registration	ect for your vehicle involvion privileges pursuant to	ved in the col	llision, The Dep lina Code of La	partment of Motor Vehicles could ws 56-9-351 and 56-10-530.
If any of the below are applicable,	Disregard the above porti	on.	Form FR-10 I	Not Issued: Section 56-10-520
Check here if a Form SR-23, Fleet policy of 25 or more vehicle			No FR-10 Issued to Op	perator/ Owner of Unit #:
Check here if a certificate of self-insurance has been is	sued by the Department covering the	vehicle and	Summons Issued to:	
indicate the certificate number: SI - Check here if liability insurance was not in effect		į	For operating or allo	
to comply with South Carolina statutory Signature requirements.	ure	Date	the operation of a uninsured vehicle	
Investigating Officer's Name Rank Badge #	Jurisdiction Code Review Date	Reviewer's Name		Rank Internal Agency Code

15. Agency Vehicle Use at Time of Accident: a. Route b. Other (Specify) eros event Transporting two individuals for from event	
16. Total Number of Consumers in vehicle: Any Injuries No Visible phys	iic
17. First Point of Impact (please circle appropriate letters) F - Front R - Rear DS - Driver Side PS - Passenger Side	<u> </u>
18. Type of Accident: a. ௴ Between Vehicles b. □ Fixed Object (complete #19) c. □ RR Crossing (with train) d. □ Overtu	rn
19. Complete if Fixed Object Accident (Enter response which caused damage): a. □ Parked Vehicle b. □ Utility Pole c. □ Tree d. □ Culvert or Wall e. □ Sign f. □ Guardrai g. □ Bridge Rail h. □ Fence i. □ Curb or Wall j. □ Median Barrier k. □ Embankment l. □ Other (Specify)	iI
20. Were Passengers Evacuated? a. □ Yes b. □ No	
21. Were Any Passengers Secured By? a. Wheelchair b. Lapbelt c. Not Secured	
22. First Person notified of accident? <u>Vicki Worth</u> c. □ Not Secured	
23. Was Pre-Trip inspection of vehicle performed by driver on date of accidents.	
24. Are there any actions driver feels could have prevented accident? (Explain)	
	_
Driver Signature_	-
Date 5-14-18	
Supervisor Signature	
Date	
ransportation Signature	
Pate	

Please Complete Passenger Listing on Next Page

<u>Passenger Listing and Their Date of Birth</u> (Insurance company requires this information)

1. Benjamin Karson Warner - DOB

2. Matthew Knox Fennell - DOB

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Malfik-10 to. Office of Finer PC Box 1498, : Dita	ica Pesi Blytnawc	consibility 60 add SC 29016	3 896 50 -0090	ប់ថ្ម	30UT- C4°0.	וכיי	i,E iF °Equ	OR EHICO NREJENT	.ES =%-*() PEV 04-20		ite arakan	ection cary statives can sub on at VVV MSC	ווים ישטע מות	mjar, 1994
12-21-2018	1920	23 5-50P	rimary 5	núłeconicary - County - Pa	्रिकी आजन हा 85 /	Location (F): =	Name	Ž∙A t	ernate i	Connection 7-Business		Oir.	ln 👀	ity or Tow	roʻ
		par ac r			ie Departn	nent of M	otar Veh	5-Spa ricles v	 withir	115 day	.1	1: 17:	GREENVILI	.E	
Owner Operator	COLLSI	on could	result	in the sus	pension o s 56-9-351	f your driv	er licen:	se and	regis	tration	privile	eges	pursuant	e	
R-53153	Ģ	£11√€ 8ASK		s full Name CO	NTESSA	NAUCAHZ	R-53	1540	WW	T 7GT		ar 3 Fu i			
J=84 Sek 01 F	≷áce B	Straat					Unit + Se O2			nest itest			TAYLOR	EL	IZABET:
1 Sich Date		City, State, 3-2 ANDERSON	p	*****	SC 2	9625		th Date	<u> </u>	ity Stite & 2 STMPSONV	Zip Ti t p			SC 2968	
SC Sc	Liverse:	=	0	Invaluance AMERICA	Commer, AN SOUTHERN	INS CO	State SC	Duvers.		2711 20114			nstrance Comp		\$ I
7es 3cs/ 2016 VN	Janiari DODG		r, x C4RDGB0	9GRZ44860				PK	Velt cle		.IN =	20370	ALLSTATE		
:fare /ear SC 2.09.9	L cers RG17	÷Flote≠ 23	U.W.	ID_ •			State	/sar 2020	Liter 35		120	ner s Di	L F		
Home Telephone		Divinitis Fu ANDER SO		Y DSN8			-cma e			Cviner: 11		NKNOWN	····		
ëts Telephone		Street 212 MGG	EE RD	******			Sur Teles	tens		Steet	····		KAY	517	ACEY
Cantributed To Yes C	Celluier Se	City State, 4 ANDERSU			SC 25	062	Certa at	ted fo Co N		City, State. PIEDMON				C 2967	
					With the same of t					1. 200.101				C 2967)
	-	[miver F	G=str.)n r	Full Marre			State I	·÷a•	itierse 2	27.0	io.	ner (D		to a second	and the same and
Je i Sex in	242 S	: - -					Toma "e			Cymer . Auf		1215.0			
ro a 5 th Date	r,	rySta+&Zip					i Su Telegi			Straet	i name				-
rate Oriena	.i.er i			In narret	्तर इ.स.,		Contract			City State, 8	7				
(ear (f.));	til.	Mine M	, =	<u> </u>			Ye,	No		er for unit #) ZIF	<u> </u>			
	Ali I	Units Ins				**************************************	D=panyl ALLSTA1	va⊤r		,,, ,, ,,,,,	0,		4 ₍₊₃ (), -, -)		
		ps comblete					igency Ya	me			۷۱۶ عد	uir ter	1004 8	458415	
et dant insurance en pany Namig			01	АзаСм	le Phore Norro		Accident in		iferms: e	er for unit #					
AMERICAN Sur gency Name	JIMERN	INS CO	to ovac-	800	7132205		agency Ya				ا اد در ۲		Area Cope "F. L	renchber	
				A		-11. (<u> </u>				-(- c) (nu TS.			
otice of Region				Autom	iobile Liab	ollity Insu	rance li	nform	ation)	12.0	-			
s se Completed B	a chi or E	nteres at 1977	VSCA.F	10°+ 5715197	rie Comustivo.	oraca c† c†ic ±	i diference and	مط" ام				Vet cla	t to Amk Signa Subject to Re	ilstration n S	
rferen under Hit F		raente un promat Fereing siment	can nav 5 m Clatifolithe	era vize met vet e Gestorfinansk vo	betrom a‰, scaratia cos			27 · E	el +1 +2 a	i fasta kantist	ir-stt	10774	etsoley "por nous ellen oned havende	40 40000	5 65 <i>11</i> - 3*
sured by the belo a trante Company	a saled	fallares and	a. n, or th	e date of the co. If ploye	3 257			sted agra:	15.5 1					ב נרוננ	
gioning Tate		Ending Entire		Fak yH , d+		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				e, Sil Gran	Car	·	T 11-		
otice lifliabi	its mai	FERRESONES	s din =	Hart for w	sir ahırla e	و سرائد و دائد د	La a e U.	- 1					I	ידי חקי	
river license a	nd reg	istration or	rivitages	Dursuant t	o South Car	olina Code	of Laus 5	3n, me is 9 351	Depan Land S	iment of 56-10-530	Motor)	Vehic	:05 CDU'd 30	spand.i	1
lf an	y of the	e below ar	e applic	able. Disc	gard the ab	ove portic	ın.			n FR-10 l		sued	Secto		52.1
(CD+#1 75 1	he set it	ŧ			ar a mille with			1	No FR 1	Cityled th C					
€ne.kle	e ² a virta	futto stell a	arcasen. Amber S	ineer bijade	ry the Degrantin e	nd/Ass a	ing stern	ינין פֿינ	שיייניני	is soutdite		I- "			
Che kla≻	- fitair t	a de la tradica de la caración de l La caración de la car	160.3				3177			or arating githe puella			nt Number		
requireme: e 1 put rig Omile: 1	\$5	****	Far-		- ce+	ID te		() (APP 4		no. red veh	i de	, 3.1, 14			
AGSEY JE			TRP		HP 0	3	"	. 3 -1774			Kir		weda,+1,√0 L8:3V251872		

.

ACDSNB

TRANSPORTATION VEHICLE ACCIDENT REPORT FORM

The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accidit involved a ACDSNB vehicle, or: > \$2,500 or more of total property damage, or > Personal injury (requiring treatment away from the scene), and/or fatality, to any involved verification.	ehicle
This form must be completed by the operator involved in the accident, or operator supervisor, a any staff passengers. A supervisor must review and sign the completed form. Enter only of response for each question.	nd ne
Accident Description While traveling on 855 towards Anders Livis rear ended by amther vehicle. The diver admitted she was not raying attention and all n notice traffic had slowed down.	EM Ot
1. Driver Name Contessa Baskin	
2. Date of Accident 12/21/2018 3. Day of week 11/11/14 4. Time 7:24 1777	
5. Vehicle Body Make DOAR 6. Bus/vehicle # 8 0	
7. Vehicle Type: Small Vehicle □ Bus □ Lift Van □ Van ☒	Lift
8. Model Year 2010 9. Vehicle Capacity 2	
11. Was the Operator? a. □ Route Operator b. ② Activity Trip Operator c. □ OTHER 12. Operator's Age: a. □ 21-30 b. ② 31-40 c. □ 41-50 d. 51-60 e. □ 61-70 f. □ 71 +	
13. Operator's Experience Driving Agency Vehicle: a. ☑ less than 1 year b. ☐ 1-4 Years c. 5-9 years ☐ d. ☐ 10-14 Years e. ☐ 15-19 Years f. ☐ 20 +	
14. In the last 3 years, how many Agency vehicle accidents has the operator had?	

15. Agency Vehicle Use at Time of Accident:	
a. Route b. A Other (Specify) 11+111 With 1	hsumer
16. Total Number of Consumers in vehicle:	Any Injuries Work
17. First Point of Impact (please circle appropriate letters) F - Front R - Rear DS - Driver Side	PS - Passenger Side
The first of the f	15 Tussenger olde
18. Type of Accident:	t
a. ☐ Between Vehicles b. ☐ Fixed Object (complete #19) c. ☐ e. ☐ Pedestrian f. ☐ Animal	RR Crossing (with train) d. □ Overturn
19. Complete if Fixed Object Accident	
(enter response which caused damage):	
a. □ Parked Vehicle b. □ Utility Pole c. □ Tree d. □ Culver g. □ Bridge Rail h. □ Fence i. □ Curb or Wall j. □ Median	
Other (Specify)	
20. Were Passengers Evacuated? a. □ Yes b. ☒No	
· '	
21. Were Any Passengers Secured By? a. Wheelchair b.	Lapbelt c. 🗆 Not Secured
22. First Person notified of accident? 911 State Tr	DOPEY
23. Was Pre-Trip inspection of vehicle performed by driver on d	late of accident? a. 🛱 Yes b. 🗆 No
24. Are there any actions driver feels could have prevented acc	ident? (explain)
Driver Signature	
Date 12/21/30/8	
Supervisor Signature	
Date	-
Transportation Signature	
Date	***************************************

<u>.</u>

Mail FR-10 to: SC Department of Motor Vehicles Office of Financial Responsibility (803) 896-5000 PO Box 1498, Blythewood, SC 29016-0050		ENT OF MOTOR VEHICLES FR-10 (REV. 12/2018) Submit Electronically. Agents or C Representatives can submit your I						
Date Time County 1 - Interstate 4 Secondary	Collision Location (Rt. # / Name)	(O) Main!	line 6 - Connection Mile		In (Near Dity or Town of			
01-10-2019 1 5 2 0 04 2 - US Primary 5 - County 3 - SC Primary 6 - PP	S 54 / PALMETTO RD		nate 7 - Business	ΝE				
To Vehicle Failure to return this form to th				D-7				
collision could result in the sur	isnension of your driver lic	rense and	diminio aa,	nrivile	10 Gate of the			
to South Carolina Code of Law			i tegion co.	himm	Jes haisaam			
	5 50-5-001 4114 55			<u></u>				
ANY CONTROL OF THE CO		16703		destrian's Full NDER	Name BARRY WAYNE			
Unit # Sex Race Street	Unit # S 02	A STATE OF THE STA	Street					
#Occ Birth Date City State & Zip	#Occ B	Birth Date	City. State, & Zip					
1 FAIR PLAY	SC 29643 1		PELZER		SC 29669			
SC D STATE	ce Company State FISCAL ACCOUNTABILITY SC	Driver's Licen	nse#	DM	Insurance Company UNINSURED			
Year Body Vehicle Make VIN # 2 0 1 7 BU FORD 1FDFE4FS0HDC33470	Year 0 2011	1 ' 1	ehicle Make VIN	V #				
State Year License Plate # Owner's D L #	State		CADI 1G6 icense Plate #	Owner's D				
SC P RG1812 NONE Home Telephone Owner's Full Name	sc	N(NONE		J.C. #			
ANDERSON COUNTY DSNB		Telephone	Owner's Full N		BARRY WAYNE			
Bus: Telephone Street 212 MCGEE RD	Bus Tele	elephone	Street 4					
Contributed To Collision City State & Zip	Contrib	ibuled To Collisio		Zip				
ANDERSON	SC 29625		PELZER		SC 2966			
Driver/Pedestrian's Full Name	State		cense Plate #	Owner's E	D L. #			
Unit # Sex Race Street	Home Te	Telephone	Owner's Full Na	ame				
#Occ Birth Date City State & Zip	Bus. Teld	lephone	Street					
State Driver's License # Insurance	e Company Contribu	buted To Collisio	on City State, & Zi	žin .				
Year Body Vehicle Make VIN#			200	۲				
Year Body Vehicle Make Vilvin	Company	ny Name	rmation for Unit # 02		Area Code/Phone Number			
All Units Insurance Info	rmation	BRESSIVE	11	* Semi	()			
(to be completed by Investigating	g Officer)			Policy Numbe	ar			
Accident Insurance Information for Unit # 01 Company Name Area C		nt Insurance Inform	mation for Unit #					
STATE FISCAL ACCOUNTABILITY AUTHORITY	Code/Phone Number Company	y Name			Area Code/Phone Number			
Agency Name Policy Number	Agency N	Agency Name Policy Number						
Auto	star Lability Incuran	- Infor						
	omobile Liability Insuranc	ce inioin	nation	YN Ref	efused to Affix Signature?			
Notice of Requirement Accepted					efused to Affix Signature? chicle Subject to Registration in SC?			
To Be Completed Below or Entered at WWW SC-ALIR.COM By Insura not be mailed to DMV if insurance information has been submitted elections.		I			sed solely upon my knowledge			
Reference to Unit # I here by affirm that to the best of my knowl	wledge the vehicle described above was	of liabili	ility is imputed into the at		e insurance company and no warranty oned insurance as I have			
insured by the below stated Insurance company on the date of the collist Insurance Company Policy #		listed he	herein					
, in the second		Signatu			Title			
Beginning Date Ending Date Policy Hold		NAIC# (Assigned by S.C. Dept. of Ins.) Bus Telephone ()						
Notice: If liability insurance was not in effect for driver license and registration privileges pursuar	your vehicle involved in the collect to South Carolina Code of La	llision, the l	Department of N	Motor Ve	shicles could suspend your			
If any of the below are applicable,			Form FR-10 N		ed: Section 56-10-520			
Chack here if a Form SR-23 Fleet policy of 25 or more vehicle			No FR-10 Issued to Ope					
covering the vehicle Check here if a certificate of self-insurance has been issued by	,	3	Summons Issued to		3 0 000			
vehicle and indicate the certificate number: SI -	by the Department of Motor verticles covering the	ne -	V	Sur	mmons Number			
Check here if liability insurance was not in	D:		For operating or allowing the operation of	of				
requirements	.re	Pate	an uninsured vehicle	l Sign	nature			
Investigating Officer's Name Rank SCCJA #	Code Date Rev	eviewer's Name		Rank	Internal Agency Code			

The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or:

> \$2,500 or more of total property damage, or

Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

Accident Description Driving diwn falmetto Street in Petzer, SC, a Silve Callillac swerved into my lane (head on), corrected and clipped his mirror, knocking it off. Contact we made at left driver side of bus wear passenger,	hins Cab
The property of the property o	
1. Driver Name CASSI TOMEN 2. Date of Accident Jan, 10, 2019 B. Day of week Thurs. 4. Time 3:17 PM	
5. Vehicle Body Make6. Bus/vehicle # 470	
7. Vehicle Type: Small Vehicle Bus Date Ven Date	Lift
8. Model Year9. Vehicle Capacity	
11. Was the Operator? a. 从Route Operator b. □ Activity Trip Operator c. □ OTHER 12. Operator's Age: a. □ 21-30 b. 以31-40 c. □ 41-50 d. 51-60 e. □ 61-70 f. □ 71 +	
13. Operator's Experience, Driving Agency Vehicle: a. □ less than 1 year b. 本 1-4 Years c. 5-9 years □ d. □ 10-14 Years e. □ 15-19 Years f. □ 20 + Years	
14. In the last 3 years, how many Agency vehicle accidents has the operator had?	

15. Agency Vehicle Use at Time of Accident: a. 囟 Route b. 🗆 Other (Specify)	
16. Total Number of Consumers in vehicle: Any Injuries	
F-Front R - Rear DS - Driver Side PS - Passenger Side	
18, Type of Accident: a. ☑ Between Vehicles b. ☐ Fixed Object (complete #19) c. ☐ RR Crossing (with train) d. ☐ Overe. ☐ Pedestrian f. ☐ Animal	turn
19. Complete if Fixed Object Accident (Enter response which caused damage): a. □ Parked Vehicle b. □ Utility Pole c. □ Tree d. □ Culvert or Wall e. □ Sign f. □ Guard g. □ Bridge Rail h. □ Fence i. □ Curb or Wall j. □ Median Barrier k. □ Embankment l. ② Other (Specify)	
20. Were Passengers Evacuated? a. □ Yes b. ⊅ No	
21. Were Any Passengers Secured By? a. Wheelchair b. Lapbelt c. Not Secured	
22. First Person notified of accident? Terri Abernathy	
23. Was Pre-Trip inspection of vehicle performed by driver on date of accident? a. XYes b. 🗆 N	1
Are there any actions driver feels could have prevented accident? (Explain) NIVEY WAS NAT WENTER IN ONCOMING JANE - N	; 0 ·
Driver Girman	
Driver Signature	
Supervisor Signature	
Pate	
ransportation Signature	
rate	

Please Complete Passenger Listing on Next Page

Passenger Listing and Their Date of Birth (Insurance company requires this information)

- 1. Jean Harmon 2. Faye McAlister = 3. Michelle Hutchinson 4. Robert Evan Shord 5. Walker Clardy. 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

				of Motor Vehicle		SOUTH	H CAROLINA!		IENT OF MOTOR VEHICLES FR-10 (REV. 02/2019) Submit Electronically: Agents or Company						ts or Company			
PO Bo		, Blythewoo	od, SC 290						CE OF REQUIREMENT Representatives can submit your Insu Information at WWW.SC-ALIR.COM						t your Insurance			
Date	!	Time	.	1 - Interstate 2 US Primary		1		ation (Rt. # / Na	•	[3	2 - Alte	ternate 7 - I	- Connection - Business	i	Dir. N (E)	BELT	In (Near dity	or Town of.
12-17-20	-	1535	المستسلم	3 - SC Primary		ල් 76 —		LTON HONE		TH :	5 - Spu	ur		.70				
To Veh Owner	. 1	allure t	o retu	urn this for	rm to the	e De	partmen	it of Mot	tor Ve	ahicl	ies v	within	. 15 day	/s frc	m th	e da	te of the	
Owner	itor C			ld result in							se ar	nd reg	jistratic	on pr	ivileg	jes į	pursuant	
				olina Code														
R-86	6903		Orivi RAI	vedPedestrian's Fu MSEY	ull Name TA	YLOR	. В	ROOKE	T _{R-8}	6694	42	***************************************	Driver)	/Bedestr	ian's Full ! .O	Name ,	SHERRI	T
Unit#S	- Contraction of the Contraction	-	Street		4			100	Unit #		Rac	ce S	Street	INILL	<u>-</u>		סחבתתו	I
1 E	Birth Date		City, State, 8		A		SC 29621		02 #Occ 1	Birth D	Date	When the same of t	City. State, & 2	Zip	L			
State	Driver	's License #	Nemi		Insurance (Compan	any	<u> </u>	State	Dri	iver's L	icense#	BELTON		 ,	Insurar	SC Ince Company	29627
SC		I. c. safala	****	D	i i		DUTHERN		sc				·		D		GRESSIVE	
Year 2009	Body 9 BU	Vehicle N		VIN # 1FDEE35L99	99DA23497				Year 2 0 1	Bod 1 5 SU	-	Vehicle M		VIN#	. mmvg1			
State	Year	License I	Plate #	Owner's	r's D.L.#	***************************************			State	Yea	ear	License P			LBEK5F Owner's D			
SC Home Te	P	RG120:		NONE E Full Name	<u> </u>				sc	20	020							
	[elephone		ANDER	s Full Name RSON COUNT)	ry disabii	ILITIES	s			Telepho			Owner's Fu DEPETRI			SHE	ERRI	Т
Bus, Tele	ephone	471.674.5	Street 212 MC	CGEE RD				_	Bus, Te	Celephon	16		Street		_			
1	buted To (City, Stat	ate, & Zip						tributed T			City, State,	. & Zip	A		<u></u>	
Yes	-	CN⊙	ANDER	₹SON	THE PROPERTY OF THE PROPERTY O	ć	SC 29625	5	⟨Yes	<u> </u>	N	No	BELTON				sc	29627
	-				-			Mary Control of the C		Min.	Minn.		455000000000000000000000000000000000000	W. Carlotte	Windows		1000000000000000000000000000000000000	
		temperamental temperature (1990)	Drive	er/Pedestrian's Ful	II bland		DOWN AND ADDRESS OF THE PARTY O		1712	- T.V.	-					**********		
	1 -	10		//Pedesmana.c.	Il Name			· · · · · · · · · · · · · · · · · · ·	State	Year		License P			Owner's D.	.L.#		
Unit#S			Street						Home 1	Telepho	ine		Owner's Ful	Il Name				
#Occ B	3irth Date	Cir	City, State, &	≨ Zip					Bus, Tel	elephone	e		Street			,		
State	Driver's	s License #			Insurance C	Compan	ny:		Contrib	ributed T			City, State,	. & Zip				
Year	Body	Vehicle M	· inless	VIN#					Yes	-	No cance Int		100 MARCON	an and market and Gold Go	esterativa de la companya della companya della companya de la companya della comp			
Year	Bouy	Vernore as	iake ,	VIN #				,		nt Insura any Name		formation	for Unit # 02	2		TAre	a Code/Phone N	Jumbar
	de la constante de la constant	All	Units	Insuranc	ce Infor	mat'	ion		PROG	GRESS	SIVE					()	Manper
				apleted by Invi				·	Agency	Name				Policy	y Number	- -		
	~~~	ce Information	A code manylymanical legislating			***************************************			Accider	at insura	ance In	nfermation t	for Unit #					
Company AMERIO	•	OUTHERN		<del>-</del>	Area Cor	de/Phon	one Number		Compar	ny Name	ie			<del></del>		Area	a Code/Phone N	lumber
Agency N		OTTILIM.		Policy Numb	.ber_	1			Agency I	/ Name	,			Polic	y Number	(		
	***************************************	Minimum kinika <b>zwie</b>				***************************************	-	/			**************************************							
-	PARTITION CONTINUES		AND DESCRIPTION OF THE PARTY.	WEEK CONTRACTOR OF THE PARTY OF	Autor		ile Liabi	ility Ins	uran	ice l	nfo	rmati	ion	<del>mambeé</del>				
Notice	of Req	quirement A	Accepte	ad		> Sigi	gnature		***************************************		***************************************			Y			Affix Signature? bject to Registrat	
				/WW.SC-ALIR.CO				ntative. This fo	orm shou'	ηd					ein is base	ed solely	y upan my knowl	/ledge
				ation has been sub irm that to the best				* howa w			and I	d belief as a	a representat	ative of th	ne above ii	insuranc	ice company and	d no warranty
				irm that to the best impany on the date			vehicle assur.	bed above wa	is			iability is im ed herein	iputea inio o	ie above	; mention	ed Insui	irance as I have	
	e Compan			<u></u>	Policy#							nature	***************************************			T	Title	
Beginning	) Date	***************************************	Ending Da	ate	Policy Holder	ar:			·····		NAK	C# (Assigr	ned by S.C. [	Dept. of	Ins.)		Bus. Tele	phone
Notice	: If lia	bility ins	urance	was not in e	effect for	your '	vehicle in	volved in	the cc	oisillc	ـــــــــ n, thد	ie Depr	artment /	of Mo	tor Ve	hicles	s conid sus	spend your
driver I	license	and rec	<u>jistratio</u>	on privileges	s pursuan!	t to S	outh Carc	الم <u>Slina Cod</u>	e of La	aws 5	<u> 56-9-</u>	351 an	nd 56-10	<u>-530.</u>				-
<del></del> ,	T		· · · · · · · · · · · · · · · · · · ·	ow are appl				<del></del>	<del> </del>			For	rm FR-10	0 <u>No</u> t	Issue	d:	Section	56-10-520
				leet policy of 25 or	r more vehicle	s is on fi	file with the De	partment of M	lotor Vehi	icles			-10 Issued to		or/ Owner	r of Unit	t#	
	1 -	g the vehicle here if a certific		elf-insurance has b	heen issued by	v the De	enartment of M	fator Vehicles	overing t	the		Summo	ons Issued to	):				
	vehicle a	and indicate th	the certifical	ate number: SI -			75, 6	704		110		<u></u>	tina		Sum	mons N	Vumber	M
1 1	ı	nere if liability is comply with 5		was not in rolina statutory	Signature							1	or operating o					
	requireme	nents	30um	-						Date			ininsured vehi		Signa	ature		
Investigati ASHLEY		er's Name		Rank L/CPL	SCCJA# 2081-7837	- 1	Code H P 0 3	Date 3	R/	Reviewer	r's Nan	ne		Rai	.nk		nal Agency Code	е

The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or: > \$2,500 or more of total property damage, or

Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

Accident	
Description while waiting at a red light on the intersection of white Badana Clemson Blud (what on cight band or delication of white	, 1
Radiana Clemson Blud (what on right hand side) a Tayota Mini	<u>lall</u>
Van rear ended the agency Ford wagon.	<u> </u>
gray rora angott.	
1. Driver Name Yatharme Marie Argeneau	
2. Date of Accident 5 12 18 3. Day of week Saturbay 4. Time 6:15	
5. Vehicle Body Make 6. Bus/vehicle #	
7. Vehicle Type: Small Vehicle ☑ Bus □ Lift Van □ Van □	Lift
8. Model Year 9. Vehicle Court	
or venicle Capacity	
10. Department Name	
11. Was the Operator? a.   Route Operator b.   Activity Trip Operator a.   Operator b.   Activity Trip Operator a.   Operator b.   Operator b.	
2. Operator's Ass.	
d. □ 21-30 b. □ 31-40 c. □ 41-50 d. 51-60 e. □ 61-70 f. □ 71 +	
S. (Ingratoria da la companya da la	
5. ⊙ less than 1 year b. ☑ 1-4 Years c. 5-9 years □ d. □ 10-14 Years e. □ 15-19 Years f. □ 20 +	
cars e. 🗆 15-19 Years f. 🗆 20 +	
4. In the last 3 years, how many Agency vehicle accidents has the operator had?	

	Mail FR-10 to: Office of Final	ncial Resi	oonsibility (i	805/894-50	icies 000	SOUTH CAROLIN	A DEPARTME ITC M	NT OF MC	OTOR VE QUIREVI	HICLES FR-	10 ( REV. 11/2	611)	Submit :	lectronically Age	nts or Company
Exercise   Section   Process   Pro	Date	Time	County 1- in	terstate (	Secondary	Collision Lo	cetton (Rt. # :	'Name)					nformat	ion at WWW.SC-ALI	R.COM
Contract Carolina Code of Laws 56-9-351 and 56-10-530.  ## -114-479			U4 B-50	Primary	6- PP				1.	e		.74	1	ANDERSON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Comparison   Control   C	Owner/	rallist collist	e to ret	arn this	form to th	ne Departme	nt of Mo	otor V	ehicle	s with	in 15 day	s fror	n the	date of the	
Difference   Part   P	Operator	10011131	OH COOL	O LG2016	in tug 202	pension of v	our drive	er lice	nse a	nd reg	istration	privil	eges	pursuant	
Section   Sect		'9				ILIP M	ICHAFI	м-3	1468	34			ian's Fui		
Some finance of the control of the c	01 M	W										JEN	 I	BARBARA	JEAN
State   Converse   C						SC 296	21	Fûte	Birth Dat			Zip		· · · · · · · · · · · · · · · · · · ·	
Section   Sect		's License	. <b>4</b>	0		Сотралу *		State	Drive	r's License			7		
State   Stat				VN#				Уеаг		Veh/cl	e Make	VIN =			
See 2.0.9 REISS NOTE  WITCHARL SAFETY OF THE PROPERTY OF THE P	State Yest	Licens					****			FORD	١ .				
District Spots    State		- 1	Owner's P	oli Name				sc	209	9 RG15	81	N	ONE	.h., #	
State	Bus. Telephone				PHILI	P MI	CHAEL	4		c	ANDERSO			DISABILITIES	A
ANDERSON SC 2962    Company Name   Company   Contributed To Contri	{ }	Collision		27.0				50≲ [ਜ਼ੑ) ( ]	ephone			EE RD			
Driver-Pedestrians Full Name    State   Pace   Street						SC 296	21		_					90	2062
Julie Seck Race   Street   Home Feephane   Cover's Full Name    John Date   City, State, & Zip   Street   Home Feephane   Cover's Full Name    Street   Cover's Full Name   City, State, & Zip    Street   Cover's Full Name   City State, & Zip    Vest   No   City, State, & Zip    Accident insurance information for Unit 8   O2    Company Name   Policy, Number    Accident insurance information for Unit 8   O1    Accident insurance information for Unit 8   O2    Company Name   Policy, Number    Accident insurance information for Unit 8    Accident insurance information for Unit 8   O2    Accident insurance information for Unit 8    Accident insurance information for Unit 8   O2    Accident insurance information for Unit 8   O2    Accident insurance information for Unit 8    Company Name   Policy, Number    Accident insurance information for Unit 8    Accident insurance information for Unit 8    Company Name   Policy, Number    Accident insurance information for Unit 8    Accident insurance information for Unit 8    Accident insurance information for Unit 8    Company Name   Policy, Number    Accident insurance information for Unit 8    Acciden								A. J. Carlotte						30	2902
Since Diver's Element of Company State, & Zip  Since Diver's Element of Company State, & Zip  West Plants I License of Insurance Company Company Company State of Company State			Driver	Fedestran's	: Full Name			State	) car	License	Piate#	ļo.	ners D.	<u>L</u> , ≓	778
State Divers License 4 Insurance Company.    Contributed To Collision   City State, 8 Zip	Jnit# Sex P	Race S	treet					Home To	elephor	<u> </u>	Cv.ner's Fu	II Name			
Policy Number   Policy Numbe	4044 Birth Date	Ę.	ty, State, & Z	q				( j Bus. Tele	phone		Street				
Yes   No   Yehide Alaxe   Yes   No   Company Name   SC BUDGET AND CONTROL   Agency Name   SC BUDGET AND CONTROL   Agency Name   SC BUDGET AND CONTROL   Agency Name   Accept insurance information for Unit 8   O.1   Accept insurance information for Unit 8   O.2   Accept insurance information for Unit 8   O.3   5 4 8 0 7 6 7   Agency Name   Approximation for Unit 9   O.3   Accept insurance information for Unit 8   O.3   Accept insurance information for Unit 8   O.3   Accept insurance information for Unit 8   O.3	State Driver's	License	4		Insurance	Сэтрэлу:		( j	uted To	Collision		. <del></del>	·		
Accident insurance Information (to be completed by Investigating Officer)  Accident insurance Information for Unit # O1  Company Name ALLSTATE Accident Insurance Information for Unit # O1  Accident Insurance Information for Unit # O2  Accident Insuranc	Year Body	Vehicle	M≥ke N	¹N ∓				Yes		No	1				
Accident insurance information (to be completed by Investigating Officer)  Accident insurance information for Unit # O1		A 11 1		-				Compan	y Name			0	2	Area Code/Phone	Number
Accdent insurance information for Unit # O1  Area Code/Phone Number (Sompany Name)  Alter Code/Phone Number (Sompany Name)  Automobile Liability Insurance Information  Automobile Liability Insurance Information  Notice of Requirement Accepted  a Secondary representative. The formance Information  Notice of Requirement Accepted  a Secondary representative. The formance Information  Notice of Requirement Accepted  b Secondary representative. The formance Information  Notice of Requirement Accepted  c Secondary representative information Information  Notice of Requirement Accepted  b Secondary representative information  Notice of Requirement Accepted  c Secondary representative information Information  Notice of Requirement Accepted  c Secondary Representative information Information  Notice of Requirement Accepted  c Secondary Representative information Information  Notice of Requirement Accepted  c Secondary Representative information Information  Notice of Requirement Accepted  c Secondary Representative information		All !	Units In be comple	surance	e Informa	ation				VND CON.	rot	Policy	Vumber	(800) 713	2 2 0 5
ALLSTATE    Real State   Real S		e informat	lan for Unit :	01	cange and on	recty		Accident	insuran:	e informs	ion for Unit #	<u> </u>			
Automobile Liability Insurance Information  Notice of Requirement Accepted  One General Register and Regis	ALLSTATE							Compan	y Name					Area Code Phone I	vumber
Signature   Proceeding   Process	Agency Name ANDREW SIDE	RS		FallovAus				Agency *	Isme			Policy N	Vumber	[( )	
Signature   Proceeding   Process					Autom	obile Liabil	itv Insur	ance	info	matio	n				
The Mehide Subject to Registration in SCI on the maled to DMM insurance information has been submitted electronically aftered to DMM insurance information has been submitted electronically and belief as a representative of the above insurance company in the total to the best of may know edge the vehicle described above was submitted electronically and belief as a representative of the above insurance company in the date of the collision.  Followed the below stated insurance company on the date of the collision.  Followed the collision.  Followed the collision in the collision insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your river license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.  If any of the below are applicable, Disregard the above portion.  Chesk here if a Form SR-23, fleet policy of 25 or more vehicles is on fle with the Department of Motor Vehicle scowering the vehicle  Chesk here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number Stronger and in the collision of an uninsured vehicle.  Chesk here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number Stronger and the c	Notice of Requir	e⇔ent A	ccepted	o pod to i a manager pri li i de						motio		ΥN	Refus	ed to Affix Sloper we	7
deference to white any of the relation of the best of my knowledge the vehicle described above was saved by the below stated insurance company on the date of the collision.  Follows:  Fo	a Se Completed B	elow or E-	itered at WM	N.SC-ALR	COM Bylosura	nce Company repre	sentative. Th	s form so	ict d	e oforms	ifar as davia	7 N	Vehicl	a Subject to Registr	itien in SC?
aginning Date. Ending Date: FolicyHo'der: Value (3ss gneets) \$ C Dept of ins.)  Folicy (4)  Folicy (5)  Folicy (5)  Folicy (6)  Folicy (7)	leferende to Unit #	::	here by affirm	n that to the	hest of my kno	No stefeto this constitution	described ab.	a\ € //sc	4	to Property	i a representa:	いっと こしき	6 3:00 /E	INS MARCH COMPANY	355 55
eginning Date   Ending Date   FolicyHorder:   Value (assigned by SC Dept of ins.)   Bus Talephone	-20 Ca Cy tric Ceic	Mararea d	nsurance con	apany on th	e date of the co	elision.			12	led here h	- PECCONID	the acc	ve menti	oned insulance as l	Tave
Substance   Subs	eginning Date		Ending Data				1/	1138							
If any of the below are applicable, Disregard the above portion.    Check here if a Form SR-25, Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles   Check here if a certificate of self-invariance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate in unbent St.   Check here if liability insurance was not in effect to comply with South Carolina statutory   Significate   Signific		[			1										
If any of the below are applicable, Disregard the above portion.  Check have if a Form \$R-23, Fleet policy of 25 or more vehicles is an fle with the Department of Motor Vehicles covering the vehicle.  Check have if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the Vehicle and indicate the certificate number \$1.  Check have if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the Vehicle and indicate the certificate number \$1.  Check have if a certificate of self-insurance was not in effect to comply with South Carolina statutory.  Signature  Summors issued to:  For operating or allowing the operation of an uninsured vehicle.  Signature.  Section 56-10-520  Summors issued to:  Summors Vehicles covering the policy of	rotice: Ir liabil Iriver license a	iity insc and reg	Irance wa Istration j	s not in e privilege:	effect for yo s pursuant t	our vehicle invo to South Caroli	olved in th	e collis	ion, th	ne Depa	rtment of	Motor	Vehic	les could susp	end your
Check here if a Ferm SR-23, Fleet policy of 25 or more vehicles is on file with the Department of Mator Vehicle so covering the vehicle.  Check here if a certificate of self-invariance has been issued by the Department of Mator Vehicles covering the vehicle and indicate the certificate in the cert													الـ ـــاره	¢	
Check here if a certificate of self-insurance has been issued by the Department of Motor Venicles covering the Venicle and indicate the certificate number SI.  Check here if liability insurance was not in effect to comply with South Carolina statutory. Signature  Estimated venicle and indicate the certificate number SI.  South of the coverage of the South Carolina statutory of the coverage of the statutory of the coverage of t	Checkter	e fa Form	SR-23, Flact	policy of 25	ermora vahid	es is on file with the	Department.	of Vatar	Vehic es	1					>o-1U-520
Check here if liability insurance was not in effect to compry with South Carolina statutory is ginsture.  Significant South Carolina statutory is ginsture.  Si	Check her	s e venicie è l'a cestif	"Cate of self-:	niuranie ha	is been liksted 5						ons issued to:				
effect to comply with South Carolina statutory   Signature   Signa	Check here	e if liability	in e cercinca: insurance in	ie number s Ist not in	·!					F	o operatina	aı .	5Jmm(	ons Number:	
restigating Officer's Name Rank Eadys, # Code Date Peylewer's Name Rank Internal Agents Code L/CPL T368 HPO3 Rank Internal Agents Code	effect to co	ompiy wita its	פיב) הזגכבֿ ו	na statuter	∫ ≦ ghatur.			Date		-allow:	ng the opera	t on of	S gratur	:	
15GV228186	restigating Officers N TLSON - T D	(amg				Code HPO3	Liste	2515	Wers Nam				<u> </u>	nternal Agency Code	



The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or:

> \$2,500 or more of total property damage, or

Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

Accident
Description Driving from Electroluex Site on George Albert Lake Rd. The bus hit side mirror of another car.
Lake Rd. The bus hit side mirror of another car.
1. Driver Name Barbara Holden
2. Date of Accident 11 17 2015 3. Day of week Tuesday 4. Time 2:50 p.m.
5. Vehicle Body Make 6. Bus/vehicle #
7. Vehicle Type: Small Vehicle □ Bus ☑ Lift Van □ Van □ Lift Bus □
8. Model Year 9. Vehicle Capacity
10. Department Name Anderson DSN Board
11. Was the Operator? a. ☑ Route Operator b. ☐ Activity Trip Operator c. ☐ OTHER
12. Operator's Age: a. □ 21-30 b. □ 31-40 c. □ 41-50 d. 51-60 e. □ 61-70 f. □ 71 +
13. Operator's Experience Driving Agency Vehicle: a. □ less than 1 year b. □ 1-4 Years c. 5-9 years □ d. ☑ 10-14 Years e. □ 15-19 Years f. □ 20 + Years
14. In the last 3 years, how many Agency vehicle accidents has the operator had? (do not include this accident)

a.   Route	hicle Use at Time of Accident: b.  Other (Specify)
16. Total Num	ber of Consumers in vehicle:
	of Impact (please circle appropriate letters)
18. Type of Ac a. ☑ Between V e. ☐ Pedestriar	ccident: /ehicles b.
(enter response a. 🗆 Parked Vel	if Fixed Object Accident e which caused damage): hicle b. □ Utility Pole c. □ Tree d. □ Culvert or Wall e. □ Sign f. □ Guardrail l h. □ Fence i. □ Curb or Wall j. □ Median Barrier k. □ Embankment l, □ (Specify)
20. Were Pass	engers Evacuated? a. □ Yes b. ♀No
21. Were Any P	assengers Secured By? a. □ Wheelchair b. ⊡'Lapbelt c. □ Not Secured
22. First Perso	on notified of accident? Marshall
24 Are there >	ip inspection of vehicle performed by driver on date of accident? a. EYes b. I No ny actions driver feels could have prevented accident? (explain)
river Signature	
ate	
1	
	ture
ansportation Si	ignature
ate	

Mail FR-10 to Office of Fina PO Box 1498	ncial Res	ponsibi	lity (803)	r Vehicle 896-50	s 00	SOUTH		-10 (R	TMENT EV. 11/2 REQUIR	011)	OR VEH	ICLES	R F	kepreser	Electronically: Agents or Containing the Containing of Con	CHICAGO
Date  12 [17] Pols	Time of Collision		1- Intersta 2- US Prii 3 ₂ SC Prii	mary 5-		_ /	ocation (Rt. #		,	0-Mai 2-Alte 5-Spt	rnale	6-Connection   1 7-Business	Miles:	Dir. N E S W	In Near Gity or Town	
To Vehicle Owner/ Operator	colli	sion	could	l resu	It in the	o the Depa suspensi aws 56-9-	on of yo	ur	drive	er lic	hicle ense	s within and reg	15 d istra	lays f ition j	rom the date of t privileges pursua	he ant
<b>D-</b> 57	660	3	`		Full Name			T	<b>)-</b> 5	76	60	4 Driver/P		an's Full f		
Unit# Sex	12	Street		,					t# Sex	R	وبرجون فنفاؤاه	Street	<del>Erizi S</del>	<u>                                    </u>	drick ogsete	
#Occ Birth Date			ate, & Zip <i>!</i>	Anders	50 5C	29626		'#O	∝ B <u>irth</u>	Date		Cily, State, & Z		,	50 Sec. 2-1	
State Driver	's License	#	C	Class		<u> </u>	1	Sta	te C	river's (	ićense f	,		. 1	surance Company:	<del></del>
Year Body		Make	VIN	"		•		Yea	ır B	lody	Vehicle	Make Vi	IN#		Bush which	
State Year		Plate /				· n v	<u></u>	Släi	lé Y	éar	License	Plate #	- Tov	vners D.L	67E DIU;	
Home Telephoni	e /cin	Owne	er's Full N	ame		1			ne Teler	<i>î)/+ (_a</i> ohone		Owner's Full	Name		<u> </u>	···
Sus. Lelephone		Stree	it f	W. W	<del>-1</del>	11 DONE		Bus	. Teleph			Street			Z1112 -	
Contributed to		Cily,	State, & Z	ip 2//_/	1966. 1 1 .	01.1 Cr. 341		C		<i>ر / ار ر</i> ed, To C	ollision	City, State, 8	Zip		70A -	
					hastote	51 134	119		Yes		∠Nō.			~	<i>M</i> .	
		, I	Dation of Doc		T. g M.			-		************			***************************************			
	<u> 660</u>	O	DIIVenPed	iestrian's	Full Name			State			License			ner's D.L.	.#	
n///		itreet						(	ie Telep )			Owner's Full	Name			
			e, & Zip			130		Bus, (	Teleph	one		Street				**
	License #			ass	Insurance	Company:		8	ontribute Yes	ed To C	ollision No	City, State, &	Zip	7000		
Year Body	Vehicle	Make	VIN	4				Com	pany Na	ате		nce informatio			Area Code/Phone Number	
					Inform			Ager	icy Narr	<i>В</i> и	150F	+ Contal	13/k Policy	v. e/ Numbor	(1800) 713-220	95
Automobile liabi					stigating Of	ficer)		Auto	mobile	NII	4	nce informatio			<u> </u>	
Company Name				**	Area Co	de/Phone Numbe	r	Com	nony Na	mo				——————————————————————————————————————	Area Code/Phone Number	
Agency Name			Po	licy Numi	ber		·	Agen	cy Nam	ie ()	- Wes > Wu	+ Ins	Policy I	lumbas	<u>( 344 )  408 - 9</u>	<u> 153</u>
· · · · · · · · · · · · · · · · · · ·		<del>"</del>			Auto	mobile Lia	ability I					Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, wh	·			
Notice of Requi	rement A	ccepte	d ·			Signature						idilon	ΥN	Refuse	ed to Affix Signature?	
To Be Complete This form should Reference to Ui above was insu nsurance Compa	not be not the	nailed t	o DMV if ere hv at	insurand firm that	ce informati t to the hes	on has been sub t of my knowled	mitted elec	tronia	ally.	d ^{liabi}	el as a re lity is imp	epresentative c	of the al	in is bas	a Subject to Registration in S ed solely upon my knowledg trance company and no warr d insurance as I have listed h	e and
		·				····	···			Signa	alure				Title	
Beginning Date:		Ending			Policy Holde							ed by S.C. Dept.			Bus. Telephone ( )	
Notice: If li suspend y	ability i our driv	nsura er lic	ance w ense a	as not and rec	in effect gistration	t for your ve privileges p	hicle invo	olve to S	d in t South	he co Caro	ollision olina (	n, The De Code of La	partr aws :	nent o 56-9-3	f Motor Vehicles co 51 and 56-10-530.	ould
						sregard the					Fo	rm FR-10	Not	Issued	f: Section 56-10-5	520
vehicle						nicles is on file wil			_		1——	-10 issued to ( ons issued to:	Operato	r/ Owner	of Unit #:	
indicate i	ne certifica	ate num	ber: SI			d by the Departm	ent covering	the ve	hicle ar	nd				Summo	ns Number:	
Check he to compl requirem	ere if liabili y with Sou ents.	ly insura th Carol	ance was ina statut	not in effe ory	Signature		<del></del>		Date		th	perating or all e operation of ninsured vehic	an	Signature		
ivestigating Officer's				Rank Ti	Badge#	Jurisdiction Code	Review Date	:	Reviewe	r's Name		###	Rank		ternal Agency Code	
· · · · · ·													. I	] :	バンス はらりて	



The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or:

- > \$2,500 or more of total property damage, or
- > Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

Accident —
Description I was stopped at a stop san before I signaled
to turn left on the main road, and double checked each direction bookse
the rain was heavy. Then I turned left but then immediately thed
to stop my vehicle because the vehicle in front of me had slammed on
brakes.
Mana hala V Shaara
1. Driver Name <u>NCOCRICL DCAN</u>
2. Pate of Accident 13/17/15 3. Day of week Thursday 4. Time 7:549
5. Vehicle Body Make Dodge 6. Bus/vehicle #
7. Vehicle Type: Small Vehicle □ Bus □ Lift Van □ Van ♀ Lift Bus □
8. Model Year 9. Vehicle Capacity
10. Department Name Res. Sovices (SUP)
11. Was the Operator? a. $\Box$ Route Operator b. $\Box$ Activity Trip Operator c. $\bigcirc$ OTHER
12. Opérator's Age: a. ∰∕21-30 b. □ 31-40 c. □ 41-50 d. 51-60 e. □ 61-70 f. □ 71 +
13. Operator's Experience Driving Agency Vehicle: a. □ less than 1 year  b. 瓜∕1-4 Years c. 5-9 years □ d. □ 10-14 Years e. □ 15-19 Years f. □ 20 + Years
14. In the last 3 years, how many Agency vehicle accidents has the operator had? (do not include this accident) $\sqrt{\chi \gamma^2}$ .

a Dauta k	icle Use at Time of the Co. To Other (Speciford)	of Accident: fy) appaintments	
16. Total Numbe	er of Consumers i	n vehicle:	Any Injuries
		cîrcle appropriate letters) DS – Drîver Side	PS – Passenger Side
18. Type of Acc a. [7] Between Vo e. [7] Pedestrian	ehicles b. 🗆 Fixe	ed Object (complete #19) c	. □ RR Crossing (with train) d. □ Overturn
(enter response a. □ Parked Veh	h. 🗆 Fence i. i	mage): Pole c. □ Tree d. □ Cul	lvert or Wall e. □ Sign f. □ Guardrail ian Barrier k. □ Embankment l. □
20. Were Passe	ngers Evacuated	?a.□Yes b.Ų No	
	assengers Secure on notified of acci	s /s 1 1	b.   Lapbelt c.   Not Secured
23. Was Pre-Tr	ip inspection of v	rehicle performed by driver	on date of accident? a. ℚ Yes b. □ No
24. Are there a	ny actions driver いるいと、1ついん	feels could have prevented	accident? (explain)
Driver Signature	·	, , , , , , , , , , , , , , , , , , , ,	
Date 0/17/	5	TIAN XUNGO	7
Supervisor Signate 2	iture 7 / 140   15		
Transportation S	រ Signature		
Date			

Form S-438 Rev. 06/2014	UNIFORM TE	AFFIC TIC	KET	CITY/COUNTY OF:	
11011 0011	CTATE OF 50	UTH CAROLINA RSUS		8	
\		DLE NAME		ST NAME S	
FIRST NAME		CLYNON	<u>5/</u> 2	361 3	
Kendrick		COVIC VI	<del></del>	1.5	
				CODE	
IIOL FIRE			. 31612	1624	
I IIOL FIN			CLASS CO	[ ] ( <del>)</del>	:
1777	VER'S LICENSE NO.		DO		1
10000		HGT. W	GT. HAIR	EYES	
BACE !	BIRTH DATE		O BIL	BIZO COMM. VEH.	
HACE	M		ANT BIGYCLE COMB	` <del>_</del>	
VEH. LIC. NO.	STATE MAKE OF VE	OG HAZ MT MOH		LAST NAME	
176205	ER FIRST NAME  A 12/50	IDDLE NAME			
H VEHICLE OW	ER FIRST NAME A. J. 150	~ County	<u> USNO</u>	ZIP CODE	١
VEHICLE OW	7110C1 C	i <del>ii</del> V	A Lucion 34	( <i>39695</i> ] z	
OWNER STR	an m'a	ce 17d /	110 C 2	iri ğ	
L	THE STIMMONED TO	APPEAH BELOUF	1111-1111-	\Z	
\	AL COURT ST	REET (12)	· 5+	IRT SIP CODE	1
		1401 3 FILE	STATE	29624	1
DATE OF TH	TIME OF TRIAL	1 1. //-	5C		(America)
# 4.71 CZ	1 6 0900	COURT APPEARANCE	REQUIRED YES AC	" \	0.00
VIOLATION	ECTION NU.	Munner of		A. LEVEL	
1 37	-81	OL. SO	SPOINTS -		
Z DATE OF VI	07	54	<del>/</del> 0	OUNTY	
NOLATION	/	111 04	' <u> </u>	ANDIZ	
VIOLATION		0 / 12/12	7 0	17	
LAT	WITHUTEL LONG		SCCJA OFFICER	NUMBER	₽
<i>π</i> {	HANK OF ARRESTING OFFICE	R	SCUMOLING	}	AGENCY/TROOP:
NAME AND	Naraux_	·	MOUNT REQUESTED	5	ξ
b	1 Julius OF	ARREST BUNDA	133,75	·	굺
	73 1215	1 15 1	TOWN ARC	)VE	ğ
PRESI	ENT THIS SUMMONS TO RE YOU UNDERSTAND F	) THE TRIAL COU	RI SHOWN	IS GVACT TIME	
¥ PRESI	RE YOU ONDERSTAND F	ROM THE ARREST	ING OFFICER IF	IE LIGHTEN FOR A	
BE SU	RE YOU UNDERSTAND F EFORE WHOM YOU ARE FIC VIOLATION AND YOU THE OR ARE CONV	TO APPEAR, IF T	HIS TICKET IS V	TY OR NOLO	
AND 9	EFORE WHOM	OU FORFEIT BAI	IL, FLEXIO	ATION WILL BE	
LTRAF	IC AIOPALION - COVA	CTED AFTER A !	HIAC,	O VOUR HOME	
LOON	ENDERE, OLLIWIE DON	ANG RECORD, UR	FOILTH	COED BY YOUR	
I PLAC	ED AGAINOT TO OF	CTATE VIOLATOR	1 44120	TO STATE.	
STAT	ED AGAINST YOUR DAIV E POINTS FOR OUT OF E STATE LICENSING AUTI	HORITY AND MAIL	HIS SUMMONS	MAY RESULT I	
HOM	E. POINTS FOR OUT OF STATE LICENSING AUTI JRE TO COMPLY WITH	THE TERMS OF	BY YOUR HOME	STATE. YOU AR	
1 705	CHICKLUDION OF TAIL	COURT FOR	CERTAIN		
) IRE	JRE TO COMPLIANT SUSPENSION OF YOUR E UIRED BY LAW TO APPEA	AH IN COOK I SI	or CIDE OF THIS	S TICKET.	$\top$
1 1150	UIRED BY LAW TO APPEA IMPORTANT INFORMATION	ON THE REVER	SE SIDE OF THE		
LSEE	IMPORTANT IN COMM				
102-		TICKET#			

.

.

•

ONE - W A		Acres of the Co.	L/CP	1234# L T682	HP03	L'a'é	ferever	rsilame			åar.		maingenty lage OV064800	
Check her effect to co requirement	omply wit nts	y insura h South	nce was not in Carolina statu	tory Signature			Jate		allowin	operating of the operating of the operations of	tion of	Summon	s Number:	
Check her vehide an	e if a certi d indicate	- ficate o the ce	f self-insurance tificate numbe	has been Issued	icles is on file with the d by the Department o				No FR-1- Summo	0 Issued to O ns Issued to:	perator	Owner of	Unit #:	
lf an	y of the	e belo	w are app	licable, Disi	regard the abov	/e portion.			<del></del>	m FR-10 i		sued:	Section	56-10-520
iver license	and reg	istrat 	e was not i ion privileg	n effect for y Jes pursuant	our vehicle invo t to South Caroli	olved in the one of L	ollisio aws 50	on, the 6-9-35	Depart	tment of .	Motor	Vehicle	s could susp	end your
ginning Date:	lity inc	Ending		PolicyHold						cysload)			Bus Teler	phone
The triang of to D	: f w stated	here by	affirm that to	beer submitted the best of my kr	l electronically			and b of lial	bellet as a bility is in I herein	i representat	ive of th	e above in	solely upon my l surance compar ned insurance as i	cand acaraman
otice of Requir	elow or E	ntered .	at WWW.SC-AI	IR.COM By Insu	Signature  Fance Company repres	Sentative. This fo	rm shau	ıld İTb.si	nf sens all		Y N Y N	Vehicle 9	to Affix Signatur Subject to Registr	ation in SC2
- C D	are waters in the same	eddinia cara	and the second second second second second	Autor	mobile Liabil	ity Insurar	nce Ir	nform	ation	)				
			FORCY				ncy Nan				Policy N	lumber		
SC BUDGET &	CONTRO	L	Pollar	1	ode/Phone Number 0 ) 7 1 3 2 2 0 5		npany Na					(	rea Code/Phone )	Number
ccident Insuranc	e Informa	ion for	Unit # 01						nformatic	on for Unit #				
				ice Inform			TIONW ncy Nan			·····	Policy	(	800) 421	3535
'ear Body	Vehide		VIN#			Cor	npany N	ame	nformatio	on for Unit #	02		rea Code/Phone	Number
	License			Insurance	e Company:		Yes	ed To Col No		City, State, &	Zip			
a0:: Birth Date			e, & Zip			Bu:	. Teleph )	ione		Street				
<u> </u>	ace :	treet				Ho (	me Telep )	phone		Owner's Full	Name			
	Takkisan tini yayasa		river/Pedestria	n's Full Name		Sta	te Y	ear [	License P	late#	Ow	ner's D.L. #		grande kontrologia populari protest sa straktiva (n. 11. n. 11. n. 11. n.
Anna Carlotte		<del>vistoli</del> en e	2005 timet - 112 12 12 12 12 12 12 12 12 12 12 12 12	erial disease exercises to the energy spice exists a con-	A STATE OF THE STA	anta na mandan, mangonisi Hugas	162	<u>(</u> N		WILLIAMS	TON	elien (in tennes e delle	SC.	2969
Contributed To	Collision No	City,	State, & Zip DERSON		SC 29625		ontribut Yes	ted To Co	_	City, State, a	ž Zip			
Bus. Telephone (		Stre				Bu	s. Teleph	none		Street		B	ARBARA	KAY
Home Telephoni (		Owr	ner's Full Name DERSON CO		3		C   ome Tele	2016 phone		Owner's Fu	ll Name	NKNOWN		
State Year SC P	Licens RG17	e Plate	# 0	vner's D.L. #		St	- 1	Year	TOYT License i		i i	vner's D.L.		
Year Body 2007 VN	Vehicl CHR	e Make 1	VIN # 3A4FY5	8BX7T620447		Υe	F		Vehicle :		'IN#	עא ם	ATIONWIDE	
	'- Licans	e #		insuran D SC BUI	SC 2963 ICE Company: DGET & CONTROL	Si	ate (	Oriver's L	V	VILLIAMST	ON	Irs	SC Jurance Company	29697
#3:: Birth Date		City, St CENT	ate, & Zip RAL		80 00			1 W		ity, State, & 2	(ip	·		
And the second second second	Race B	Street	JENKINS	<u>J</u>	ESSICA L	- 70	/I-128	STATES THAT IS THE	ice S	CORD			DOUGLAS	Ε
M-128109		etapoolija meene		lan's Full Name	and the state of t		na jakkoz watero	randri dane ara da singan	time for contract our said to	Sliven	rtzah48	an's Full N	ar and the second se	
Operator	to So	uth (	Carolina C	ode of Lav	uspension of y ws 56-9-351 ar	'our driver nd 56-10-5	licens 30.	se and	l regis	tration	privile	eges p	ursuant	
Owner/	Failu     collis	re to ion c	return th	is form to	the Departme	nt of Moto	r Veh	iclacy	within	15 day:		diamental production of the same	ALIN ATTACAMENT AND	
<b>03-14-2016</b> To Vehicle	1055		2-US Primary 3-36C Primary	6- PP	581 / HR	GHWAY 81 N		2-Alt	ternate 7	⁷ -Business		Dir. N E		ty or Town of:
PO Box 1498, Cate	Blythewo I me		1 - Interstate	4- Secondary	Collision Lo	cation (Rt. # / Na		proportion sign approxi-		-Cornection		sepresenta nformation	itives can submit nat WWW.SC-ALI	your insurance R.COM
Office of Fina	ncial Res	ponsíbi	nt of Motor V lity (803) 896	ehicles -5000	SOUTH CAROLINA	A DEPARTMENT ( NOTICE (	OF MOTO	OR VEHICI	LES FR-1	) ( REV. 11/2).	11)	ubmit Ele	ctronically: Age	nts of Company

The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or:

> \$2,500 or more of total property damage, or

> Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

Accident	
Description I was twoig off of Webb road, to my left was an 18 wheeler truck, which was turning right onto wer coad that was at anomplete Stop) and then another car was behind it. Nothing eise was coming either way so in proceed to go I'm bet turning left, then the carting was behind the 18 wheeler apparently comes flying from behind hit me!!!	ib it id it
1. Driver Name CESSICA JENNINS	
2. Date of Accident 3/14/10 3. Day of week Monday 4. Time 10:59	
5. Vehicle Body Make Chly VN 6. Bus/vehicle # HH4	
7. Vehicle Type: Small Vehicle Ø Bus □ Lift Van □ Van □ Lift Bus □	
8. Model Year 2004 9. Vehicle Capacity	
10. Department Name HASCT	
11. Was the Operator? a. ☑ Route Operator b. ☐ Activity Trip Operator c. ☐ OTHER  12. Operator's Age:	
a. Ø 21-30 b. □ 31-40 c. □ 41-50 d. 51-60 e. □ 61-70 f. □ 71 +	
13. Operator's Experience Driving Agency Vehicle: a. Ø less than 1 year b. □ 1-4 Years c. 5-9 years □ d. □ 10-14 Years e. □ 15-19 Years f. □ 20 + Years	
14. In the last 3 years, how many Agency vehicle accidents has the operator had?  (do not include this accident)	

15. Agency Vehicle Use at Time of Accident: a. ☑ Route b. □ Other (Specify)	
16. Total Number of Consumers in vehicle: Any Injuries	
17. First Point of Impact (please circle appropriate letters) F - Front R - Rear DS - Driver Side PS - Passenger Side	
18. Type of Accident: a. ☑ Between Vehicles b. ☐ Fixed Object (complete #19) c. ☐ RR Crossing (with train) d. ☐ Ove e. ☐ Pedestrian f. ☐ Animal	erturn
19. Complete if Fixed Object Accident (enter response which caused damage): a. □ Parked Vehicle b. □ Utility Pole c. □ Tree d. □ Culvert or Wall e. □ Sign f. □ Guard g. □ Bridge Rail h. □ Fence i. □ Curb or Wall j. □ Median Barrier k. □ Embankment I. Other (Specify)	drail . 🗆
20. Were Passengers Evacuated? a. □ Yes b. Ø No	
21. Were Any Passengers Secured By? a. □ Wheelchair b. ☑ Lapbelt c. □ Not Secured	
22. First Person notified of accident? 41/Simply/Sign	
23. Was Pre-Trip inspection of vehicle performed by driver on date of accident? a. 🗹 Yes b. 🗆	No
24. Are there any actions driver feels could have prevented accident? (explain)  The road have just Sat there until Nothing at all was m	NO
the road.	
Driver Signatu	<del></del>
Date 3/15/1	
Supervisor Signature	
Date	
Fransportation Signature	
Date	

Form 438 Rev 9/10

### SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY UNIFORM TRAFFIC TICKET

STATE OF COURTS OF		100	`
STATE OF SOUTH CARC			,
	MIDDLE NAME	LAST NAME	<del>-</del>
JESSICA	<i>\. \. \. \. \. \. \. \. \. \. \. \. \. \</i>	JECHLO	مي: (
		STATE ZIP CODE	45
		^ · ^-	1630
	5	DRI. LIC. CLASS	Jau
50		ES AT NO 7	
VEH. LIC. NO. ; ST	TE MAKE OF VEH YEAR COMM VEH	Z 3	_
KG1754 K	/ 1 kins na		_
YOU ARE SUMMO		MOPED MTRCYCL OTHER	_
NAME OF TRIAL COURT	NED TO APPEAR BEFORE	THE TRIAL COURT	
	STREET AND NO.	1 mm 1	_
DATE LOE TRIAL TIME	11 6404 /	MINIST	
4 (III 17 1 77)	OF TRIAL CITY	STATE ZIP CODE	
10000	-\\X\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	01/15/2011/02	56 2 4 7
VIOLATION - COURT APPEARAN		VIOLATION SECTION NO.	_
- FOILLAND TO	MELO RIGITION NO	156 3 27	(i.
OWNER OF VEHICLE		DATE OF ARREST 17	1/
_XNOENSOU C	ENTY DSNB	12/1/1/11	p
ADDRESS OF OWNER		DATE OF VIOLATION :	,
- MOERSON	15000	13 14 11	12/1
BAIL DEPOSITED NA	ME OF ARRESTING OFFICER	1   20	9
NONF	CI de TANA	RANK	
ALL TIMES SUCIALIS	1/4/	- 4/	
ALL TIMES SHOWN O	N'THIS SUMMONS	NOEMSW ) FF	
ARE IN MILIT. PRESENT THIS SUM	AMOND TO TUE BADG	VULIASO I	<u> </u>
TRIAL COURT SH	MIMONS TO THE		8
			DOCKET NO
Be sure you understand	from the arresting 6	Y W T F S	Ž.
Officer the exact time an	d before whom you	IL_2 3 4 5 6 7 9	,
are to appear, if THIS Th	CKETISMOITTENI	MILITARY TIME	_
FOR A TRAFFIC VIOL	ATION AND YOU [ ]		
FORFEIT BAIL, PLEAD	GUILTY OR NOLO 1/1	P S O CHYLY NO.	
CONTENDERÉ, OR A AFTER A TRIAL, THIS	HE CONVICTED 1 1	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
BE PLACED AGAINST	VIOLATION WILL WES	NESW	
RECORD, OR FORWA	BRED TO VOUR CITY	1 2 3 4 CODE	
POME STATE, FAILT	RE TO COMBIVIZE.		
WITH THE TERMS OF	THIS SUMMOND IN THE	DENSO 4	
WAY HESULI IN THE	SUSPENSION OF Lat	28300 11	
LOOK DRIVERS FICE	NSE BY YOUR!	34 XXIL DU	
HOME STATE. YOU	ARE REQUIRED	6°200100	
DI LAW IO APPEAR	IN COURT FOR Long	1972)4 154	
CERTAIN OFFENSES.	OFFENS	CODE BALLEVEL	
		4//	
SEE IMPORTANT INC.			_
SEE IMPORTANT INFOR	IMALION ON		
THE REVERSE SIDE OF	THIS TICKET		
VIOLATOR'S COPY			

The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or:

> \$2,500 or more of total property damage, or

Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

Accident	
Description T LOOKED BOTH WATE SEVERIAL TEMES PEFFORE TURNEUL LEFT FOOD	
OLD RIBURY RD, ONTO WHITEHOULRD AND WAS STRUCK POST THE CAS TANK ON THE	
DROWEN STOR OF THE WORD, THE GRY ON THE MODRICULLE PAT ON HEI BORKES MAY	
STELL SLED #10 THE VAN CHINENE SUBSTANTIUM DANNING TO DISTANT STOR OF THE	<u>,,                                   </u>
VAN, + PECKT SEE PRIVITER OR AWARMS WON ENTERING ROAD AND WHEN THE YOUR	- KT
HIT.	-61
1. Driver Name <u>OEREK MARA</u> M	
2. Date of Accident 7/16/16 3. Day of week SATURIANY 4. Time 10≥1	
5. Vehicle Body Make <u>For()</u> 6. Bus/vehicle # <u>β</u>	
7. Vehicle Type: Small Vehicle □ Bus □ Lift Van □ Van ⊡ L Bus □	.ift
8. Model Year 9. Vehicle Capacity	_
10. Department Name <u>代红色对几</u> 人	
11. Was the Operator? a. 🗆 Route Operator b. 🗆 Activity Trip Operator c. 🖼 OTHER	
12. Operator's Age: a. □ 21-30 b. □ 31-40 c. ☑ 41-50 d. 51-60 e. □ 61-70 f. □ 71 +	
13. Operator's Experience Driving Agency Vehicle: a.  □ less than 1 year b. □ 1-4 Years c. 5-9 years □ d. □ 10-14 Years e. □ 15-19 Years f. □ 20 + Years	
14. In the last 3 years, how many Agency vehicle accidents has the operator had? (do not include this accident)	

16. Total Number	er of Consumers in vehicle: _	2	Any Injuries O	
17. First Point o F – Front	f Impact (please circle appro R - Rear DS - D	priate letters river Side	s) PS ~ Passenger Side	
18. Type of Acc a. ☑ Between Ve e. ☐ Pedestrian	ehicles b. 🗆 Fixed Object (c	omplete #19)	) c. $\square$ RR Crossing (with train) d. $\square$ O	ve
(enter response a. □ Parked Veh	h. 🗆 Fence 🛾 i. 🗆 Curb or W	Tree d. □ 0 /all j. □ M	Culvert or Wall e. □ Sign f. □ Gu edian Barrier k. □ Embankment	ıard İ.
20. Were Passe	ngers Evacuated? a. 🗆 Yes	b. ⊡∕No		
			b. ☐ Lapbeit c. ☐ Not Secured	
22. First Perso	n notified of accident? $AN_{3}$	40M EONK	ands	
	•	_		· []
24. Are there a	ny actions driver feels could	have prevent	ted accident? (explain) D LMS SPECETUS CAMERILE THE MCC	
	7/14-45 4 11101013C 1000	NIC AND LINE	D Mrg liefs to Chive Teach the hou	عب
			e times section country.	عت.
				عت
		75 SIEVERMS	2 TINES SEETING NOTHTH	CJS.
	MAI FOE EFFELS TON		2 TINES SEETING NOTHTH	CIP
on mr A	MAI FOE EFFELS TON	75 SIEVERMS	2 TINES SEETING NOTHTH	
Driver Signature	MAI FOE EFFELS TON	- 5917	e times seems nothers	CIS
Driver Signature Date 7/16/16 Supervisor Signa	ANT 7 LOOKES BOTH INM	- 5917	e times seems nothers	
Driver Signature Date 7/16/16 Supervisor Signa	ACT \$ LOOKED BOTH INFO	- 5917	e times seems nothers	
Driver Signature Date 7/16/16 Supervisor Signa	ACT \$ LOOKED BOTH INFO	- 5912	L TINEL SEETING ADTHTHY	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S Date	ACT \$ LOOKED BOTH INFO	- 5912	L TINEL SEETING ADTHTHY	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S Date	ACT \$ LOOKED BOTH INFO	DEMAIS	e times seems nothers	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S Date	ACT \$ LOOKED BOTH INFO	- 5912	L TINEL SEETING ADTHTHY	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S Date	ACT \$ LOOKED BOTH INFO	DENNIS DOB	L TINEL SEETING ADTHTHY	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S Date	ACT \$ LOOKED BOTH INFO	DEMAIS	L TINEL SEETING ADTHTHY	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S Date	ACT \$ LOOKED BOTH INFO	DEMAIS DEMAIS DOB	ROUSEVELY MAllory	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S	ACT \$ LOOKED BOTH INFO	DEMAIS DOB SSH Floyd	L TINEL SEETING ADTHTHY	
Driver Signature Date 7/16/16 Supervisor Signa Date Transportation S Date	ACT \$ LOOKED BOTH INFO	DEMAIS DEMAIS DOB SS#	ROUSEVELY MAllory	

Mail FP-10 to: Office of Finar PO Box 1495. Once	ıcıal Resi	oonsib lity ( ood: \$5.290	203 896-3 16-0050	000				1.E JF ?	ISTOR /	HICLES =\$.	.0 aEA	1 2011.	Pepres	Electanista entatives ca at on at wy	ミコミレコーでっ	nts or Company your Insurance
07-16-2016	1030	04 3-30	5 ≥r ~ar, C ≥-ir~ary	ş. D2	€:	34 / V	ecelon (Fr = /HITEHALL	RD .		Oktain ine 2-Alternate 5-Sour	7-Busine	25. 4.	27 N	) ANDE	T (Near) I	y or Tarun of
To Venicle Owner	Failu	e to ret	urn this	form t	o the D	epartm	ent of M	otor \	ehicl.	ac with	in 15 c		12 A		7.1	
Operato*	COMA	OU COOL	0 (620)	rin fus	suspen	sion of	Vour driv	er lice	ense a	nd reg	istratio	on pri	vileges	e date ( pursu	une ant⊹	
	10 30	uth Care	onna Co	ode of L	aws 56-	·9-351 a	and 56-10	0-530								
M-23825	4	. ⊒rv DY/		n s full Nam		·		ы.,	2382	sv		rei es	estria <i>r 's</i> Fo	. Name		
Jr:= Sex O1 M	ace W	Street	-K		CHRIST	OPHER	В	Ustra	žev:	Pace		ARINA			REK	DERE
*Oss New Para 1		C'ty, State, 3 ANDERSO			<u> </u>			02 *=::	M Birth Da	lte	City, Stat	e. & Dip				
State Cross SC		7		Irsu	2756 Com;	י ער בּכּ	521	2 State	D _{TV}	'\$.CeTic	ANDERS	ON		Ind tance	SC Company	29521
``a≧r 3c=/ 2003 MC	Venis HD	e Viske	V v =		RYLAND I	NS CO		SC Year	Sccy		e Vake	U.H. =	A	AMERIC	AN SOUT	HERN INS CO
State Year	Licens	e Flate =	1HD1FC	v1237				2 0 1 State		FORD			NEBBL68	DA52684		
Home Telephone	NONE		L Ng-		<del></del>			s∈	p	RG22	571		NONE	JL =		
SLS "e ephone		DYAR		CH	RISTOPHE	ER B					ANDE	s∓dl∖a RSON C		DISAB	ILITIES	
Contribute: To	Celliner	City, State	27-					L.	lezhone			MCGEE	RD			
-	<u> </u>	ANDERS				SC 296	21	Cort		ncia e3 e No	CITY, St ANDE	305. & Zip RSON		***	SC	29625
														·	***************************************	
		Erive	Fedestran	s Full Name		Material Property Company		State:	√±3·	Lizerse	5 at =	*	Ouners D			-
J-t- Sex P	ice	iree:			·			-cme	e aphar	e .	Cyuner	الد ً :				
Out Birt- Date	ļ ķi	:y, State, 5-7	iF		<del></del>			i , Bu: Tel	ephone		Street			<del></del>		
Drvers	- C=75 =	:		linsura:	1.e Cumps	ny:		Contr	ni teo To	Co Son	<u> </u>	t±. ¿Zip				
esr  Body	retiale	Make N	(), <u>=</u>					Yes		Na calaforma			-	-	-	Marie V. Sals Barris a marie
	A I L	<u>_</u>	-		Marine Com-			Co~pa	y Name				02	Area Co-	e = lo se f	.chte.
		Jiits In				)		Agency		OUTHERN	TAR CO		cy Nutrice	(800	, 7133	205
cuident naurance ar pany Name	r 'ormat	on'erUn :=	01		-			icciter	151121	se ofermat	Carfar, 1	it =				
AIRYLAND IN	IS CC			8 /	Cade, ≛nor 5 4 1 5 5 6			Гэтрат				<del></del>		-te+ Cos	a Phone N	trice.
gency "-am.)		-	Fo color	mbei				Aganry'	isme			³c €	, '.umsæ	<u> </u>		
		_		Auto	omobil	e Liabi	lity insu	rance	Info	rmatio	n					
itice of Require					> : c;	tus.						ľ	N hetu	et to Affix	Signature.	
Se Completed Be Lips Hailed to D'.	on or En	Cated at AV.	/ NSC-ALE	COV 3/In:	Jranie Cor	ಗವರ್ತಿ, ಕರ್ಮ	ssentative Th	sforms	not d	he ofarma	lion 35 co	1.3 ned -	N Net o	Je Subject sep sola v	ic Registra Jana mysko	Ven 1357
Brer se to Link #:	ř	ere by affirm	n that to the	enested my	kney acna	cally the vanice	e caso pac ab	3% £ 278 \$	15	nt belisfas flability is i		れきはかる こ	l i fizion	e as tracta	"CONTRACT.	300 00 00 00000
ured by the below Mance Comber /	. 2.2.6.2 1	'ut'arts ibr	Tabay on th	Folity :	eco sc1					sted narein grature					12120311	47=
ilthicy Date		Encing Date		FolloyHa	de-		· · · · · · · · · · · · · · · · · · ·			- (a 'ssi'g-s				Tile		
tice: If liabili	ty insu	מאר ביא ב	c not in			L T T									5Js Teleph	. פוק
otice: If liabili ver license a	nd regi	stration p	orivilege	en ect for s pursual	ryour ve nt to Sou	nicle inv ith Carol	olved in th Ina Code c	re colli of Lavv	sion, ti i 56-9-	he Depai 351 and	rtiment 56-10-9	of Mot	or Vehi	cles coul	d suspe	nd your
If any	of the	below a	re appli	cable, Di	sregard	the abo	Ve portion	1.		For	m FR-1		leenad.			'
Check here covering th	., a _ct.J	35-23, Fleet	=레() 하 2	Cr (= or ± v ±	Hiclas is on	fle with the	Departmen-	of Voto	venices	1!5 FR-	.: sanaqı	o Sperat			euon 2	66-10-520
Checkhere	"ac≞tif	cate of Jehr- the cent foat	ר פורצונים יישרי	-: 53 Deer (-:12	ed by the D	epailment	of Vara-Veni	i ei cove	r ng tha		ans saund	tc		***************************************		
Checkhara	"liab t	insurance w	arumpar. Sinoin	al •						- 1:	o, ecelat,		- 1	ors Vumb		
ירבתי ביונים:	5	South Carp	na statute	v farst.				Da:.			ng the oc Tinsured		of Signatu	r.		
ngang Officera Na ANDARD - 3 (			Far-	T619	HP	03	E ete	947	775 S 1517	1:		Ser	<del>.  </del>	nernal Agen	:, Code	

00 85% 1498 50 85% 1498	ncial Responsib Biythewood, SC Fire Genty	lity (203-89 29016-005 11- interstate	0	_i_	7 V V V V V V V V V V V V V V V V V V V	MENT OF Y	ACTOR 78 EQUIRBY	HICLES == En.T	ç0 ⇒EΛ .	1 2011,	Pepres	TElectronically Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement Agreement	tor where some
10 31 3015	1 1 1			7 (al :	ורבודניסה רבו:	= Name	Ĩ	<b>5</b> .13 = 1	e Brûcthad		nici-	ation at WWW.SC-A	WR.CCM
	1430 04	3-50 5-10-3	ny 5-County ny 5-22	€ 29	/ E SHOCKL	EY FERR	ا ما	A terat	∈ 7.3usires	5	į N	2	inty or Town of
To Venicle Oviner	Failure to	return t	his form to	the Danze	tion out of t	-	نا رسید	-524		.4	1 (O.)	ANDERSON e date of the	
Otherator i	collision co	ould res	ult in the c	Henoneier	untent of "	viotor (	enicle	•5 With	ıin 15 d	ays fr	om th	e date of the s pursuant	termina and the second second second
7 27410	to South C	arolina	Code of	rispension	or your an	iver lic	ense a	nd reg	jistratio	n pri	viledes	S Dursuant	
	to South C	CHOINE	code of La	ws 56-9-35	11 and 56-1	10-530				•		P 200111	
-	Colombia Colombia												
R-00843	8	HOLDEN	ar an s Full listre							<i>10</i>			
	ace Streat	HOLDEN		BARBARA	JEAN	18.41	084	19	SM	<i>rera</i> ∙e:e ITH	estrianis Fu	∟ \aπ≥ WAYNE	
01 F	8					02	58Y	Race	Street			HATHE	HARRI
1	City 5:a SENEC	te, 3 Z p				-   UZ 510	M Buth Dat	W				1	
rate Divers	SENEC	.А			29678	1	arr Ligt		Cit./, State, ANDERSO	& Zip		J	
ic	-		D AMPOT	CAN SOUTHER		State	Derra		-			sc	29524
es: 3ce/ 016 RU	Venice Vake	VX #			IN INS	SC			į		D.	NATIONWIDE	У
	FORD		E3FL8GDC035	48		Year 100	5cc, 8 4S		le Vare	VII 2 =		··	
Tie Yest 2 09 9	RG1581	1 -	Owreso=	<del></del>		State		FORD		2FAF	P73W9W		
= [2033 = e Talashona			YONE			SC	7 sar 201		ie ³ ate =	1	Cwner : 0	DE =	
	AND	ERSON CO					2 2 2 2 2 2 2 2 2 2 2		Cv.ner s	<u>_</u> =i			
s e aprione	Street			REILITIES					SMITH	on van	,=	MARY	
ontributed To C		MCGEE RI	D			5उ€ा छ	entere		Street			PIGK I	<del></del>
Ves (		tate, 3 Z p ERSON				Corre	ri and Ta	Co slon	202 AS		AVE		
	C 1 ///D	TANDON		SC 2	29625	Yes		No Sion	ANDERS				
								-				SC	29524
	Den	er Peaestra	ans =ull t(s=e			Comme		-		· ·			
* Sex Rac	t [\$7/ee]					State	, =a.	Literse	⊃ al # =	ā	haners ().	- 2	
	-					-cme -c	iphtre.		Cv.ner s =	ill s -			
3":- Da:-	City, State, 6	y Zi <del>c</del>				1 .			Cv. Ter s -	ni zam:	į		
<u></u>						Bus Tele	tcn:		Street				
o Driers	Cansa =		Insurance	Camparny		(							
30dy 1	refricte Make	75=			i	Yes	tea Ta C N		City State.	ů Zip			
_   '   '	er isis visce	/ `=					nsatanse Satanse	ofermani	er for Prit :		*************************		
	Alllinia	-				Company	12773		C. 13 _ 11( -	·	02	T	
	All Units I	risuran	ce inform	ation	- 1	NATION						4rea Coze ∓l p 14 N 1 8 6 4 , 2 6 0 9	A 다 당
in to caree n	fito de comp farmatian foi Ur	leted by in	nvestigating Of	free!	- 1	Agency Va	me.			30.0	\ (b)		
any Name		: 2 01				Accident -	is Jean de	aterms 'e	or for Linit #	<u> </u>			
RICAN SOUTH	HERN INS		8.00	de, Phone Numb: 17132205	:	Campany)	. 3 **1 2	,,c, 13, C	21 12. T. JIE #				
S yame		F7 ()()		11132203							- 1	Area Code Phane N	LTIES
	<del></del>				ľ	igen./'la	_6			اری ع⊂	· 112.25	<u> </u>	
			Autor	obile List	ilia I.								
c ^{- p} ecuire—		Marie Company	7.0(0.1	obile Liab	mity insur	ance	ntorm	ıation	J				
e C Reddire-	ert Accepted		<b>b</b>	± 5=1(0°¢				Name of Street, or other Designation of the Owner, where the Publisher, he Publisher, which was a publisher to the Publisher, which was a publisher to the Publisher, which was a publisher to the Publisher, which was a publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publisher to the Publi		ly v	Eaf inc	: to Affix Signature?	
completed Be co	or Enteres at W	WASC-ALI	ACOV Sylnium	ice Compani, ran	Tarana and a second		-			17.11	- la - la -	C det a	
				nte Company red actronically	ight with E.	S fut the Shell		aformetio	ar az contai-				
	tere by affile start base				e described spir	DVE 2/20	et L	oden stas a :	'epresentati	ive cf:F	* 37476 J	a Jole y Loon mykno is Jran se tombany a	na arga 11 ng Werren.
e Comueny		· as you.	Fe date of the co	5 6 7				heren	DE420 17.3 (	ne accy	±mentis;	is trance company a led intorante auting	٠.
			7-41.7-				Agra;	1.4				lr -(.	
g 2ate	Ending Dat	3	Folicy Ho dan									T :12	
16 15 - 1 - 11 -							14: 2=	Mighad C	cy S C Dept. o	ns .		5 Ji Talanta	113
i ilability	insurance wa	as not in	effect for yo	ur vehicle in:	olved in the	متمالين م			<del></del> -			Bus Telepho : s could suspen	••
iicense and	registration	privilege	s pursuant to	u South Carn	liba Code of	- COMSIO	iii, the l	Jeparti:	nent of N	viotor	Vehicle	s could suspen	d vour
If any of	the balan				code Oi	LOWS D	3-9-351 	and Se	5-10-530.			,	,
ir arry of	the below a	re applic	cable, Disre	gard the abo	ve portion			E	ED 1-:		<del></del> -		
Che Plas y	Form St. 25. Flaet Hide	E #1.75 2.	cirroevelile	r sun Tewani	t verage at	f \2 at = -			FR-10 N			Section 56	-10-520
	e dig Califfyers es little				-Lord El Ci	e vota ty	H. E.	12 FR-10	ssuid to Sp	etal :	D me ci	nit =	
Covering the ve Check here in	in vale 3° sejf- Catairh a cashifica	Tradition of the	iv beer lissed by er.	ithe Department	of Matar Venice	es cover no	the P	1.ITITCE 5	saued to				
Cheikha a fai		are liber 5				→ · · · · · · · · · · · · · · · · · · ·	}						
Cheikhala fai venice and no Cheikhala flia	b to remain	7770"1					- 1	ە رد −	perating or		יותר כריי	NUT DAY	
Check hale Yale Venic alanding Check hale illia effect to comply	b to remain	ras not in Traistatutor,	) i gratur.					!!	L	_ [			
Cheik hele 1/a / /enicle and inc Check hele in fila effect to comply requirements	b ity insurance w With South Caro	na statutor,	J 3727.1.	· · · · · · · · · · · · · · · · · · ·		Dat.		illo wng t	the one at o	on of 📙	gratur.	······································	
Check hale fair Jenic aanding Check hale filia effect to camply	b to remain	na statutor		Icc:	E at e	Det. Protifer	İ	illo wng t	the one at o Sured rah o	on of 📙	373528.	······································	

The information provided on this ACDSNB Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about Agency vehicle (van, bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and turn in this form to Transportation Dept. within two (2) business days of the accident if it involved a ACDSNB vehicle, or:

> \$2,500 or more of total property damage, or

> Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

Accident
Description at the intersection of MCD, this st
my light was green I was a and Though
The Slight when at can went allow the his
light and hit the back Side of Shooters.
1. Driver Name Barbara Halden
2. Date of Accident 10 31 3016 3. Day of week Friday 4. Time 2:39
5. Vehicle Body Make6. Bus/vehicle # 5 H &
7. Vehicle Type: Small Vehicle □ Bus ੴ Lift Van □ Van □ Lift Bus □
8. Model Year 20 <i>15</i> 9. Vehicle Capacity 15
10. Department Name Clertuslus Enclave
^
11. Was the Operator? a. Activity Trip Operator c. 🗆 OTHER
12. Operator's Age: a. □ 21-30 b. □ 31-40 c. □ 41-50 d. 51-60 e.  61-70 f. □ 71 +
13. Operator's Experience Driving Agency Vehicle: a. □ less than 1 year  b. □ 1-4 Years c. 5-9 years □ d. ∯10-14 Years e. □ 15-19 Years f. □ 20 + Years
14. In the last 3 years, how many Agency vehicle accidents has the operator had?  (do not include this accident)

16. Total Num	nber of Consumers in vehicle: Any Injuries
17. First Point F – Front	t of Impact (please circle appropriate letters) R – Rear DS – Driver Side PS – Passenger Side
18. Type of A a. ☑ Between e. □ Pedestria	Vehicles b. ☐ Fixed Object (complete #19) c. ☐ RR Crossing (with train) d. ☐ Overtu
(enter respons a. □ Parked Ve	if Fixed Object Accident se which caused damage); ehicle b. □ Utility Pole c. □ Tree d. □ Culvert or Wall e. □ Sign f. □ Guardra iil h. □ Fence i. □ Curb or Wall j. □ Median Barrier k. □ Embankment l. □ _ (Specify)
20. Were Pas	sengers Evacuated? a. ☑ Yes b. □ No
21. Were Any	Passengers Secured By? a. □ Wheelchair b. □ Lapbelt c. □ Not Secured
	son notified of accident? HWP, Jeansportator
	Trip inspection of vehicle performed by driver on date of accident? a. □ Yes b. ᠌√Ñ
	D. 图 Note that the performed by driver on date of accidents a. 山 fes D. 图 N
	any actions driver fools could have prevented and death and a
	any actions driver feels could have prevented accident? (explain)
Condin	we to DOX both ways even if light
Condin	
Condin	we to look both ways even if light
Condin	ing to look both ways even if light
Condin 25 gr	ing to look both ways even if light
Oriver Signatur	re Hours even if light
Oriver Signatur Date 10/2 Supervisor Sign	re to DOV both way even if light
Oriver Signatur Date/D/2 Supervisor Signatur	re_ H_FOTF  nature_
Oriver Signatur Date 10/2 Supervisor Signate Oriver Signatur	re_ H_FOTF  nature
Oriver Signatur Date 10/2 Supervisor Signate Oriver Signatur	re
Oriver Signatur  Date 10 2  Supervisor Signote  Transportation  Date	re_ H_SOTE nature
Oriver Signatur  Date 10 2  Supervisor Signote  Transportation  Date	re
Oriver Signatur  Date 10 2  Supervisor Signote  Transportation  Date	re to DOV Goth way even if light on the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the part